MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03680

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit; LENGTH OF STAY (in this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit; STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Andrew (Last) Atkinson

4. DATE OF DEATH: (Month) April (Day) 5, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 1 - 17 - 1863

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Building Supplies.

11. BIRTHPLACE (State or foreign country): Port Deposit, Md.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: John Atkinson

14. MOTHER'S MAIDEN NAME: Sarah Vannort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Virginia A. Umstead

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis — Interval Between Onset and Death: 6 yrs

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 792 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Bronchitis — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1949 to Apr 5, 1949 that I last saw the deceased alive on Apr 5, 1949 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. F. Benson, M.D. ADDRESS Port Deposit, Md. DATE SIGNED 4/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 4-8-1949 | NAME OF CEMETERY OR CREMATORY: Hopewell | LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: April 7, 1949 | REGISTRAR'S SIGNATURE: Irene E. Dougherty | 24. FUNERAL DIRECTOR: W. A. Patterson & Son | ADDRESS: Perryville, Md.

VS. A15

RECEIVED
APR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03681

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Rising Sun; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rising Sun COUNTY Md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rising Sun; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Edward (Last) Ayers

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 30-1879.

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A Ayers

14. MOTHER'S MAIDEN NAME: Kathryn Donohs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Louise Ayers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion - — Interval between onset and death: 8 months

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b) Arteriosclerosis - — 11 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 1937-

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1948 to April 24, 1949, that I last saw the deceased alive on Apr 24, 1949, and that death occurred at 10-9 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. F Benson, M.D. Port Deposit, Md. 4-25-49

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE 4/25/49 — NAME OF CEMETERY OR CREMATORY Hopewell Cemetery — LOCATION (City, town, or county) (State) Port Deposit, Cecil, Md

DATE REC'D BY LOCAL REG. April 27-49 — REGISTRAR'S SIGNATURE L M McMunigton

24. FUNERAL DIRECTOR Ralph M Reed — ADDRESS Rising Sun Md

VS. A15

RECEIVED
APR 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03682

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. — COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Grove.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Burt (Middle) (Last) BLEVINS

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word): Married

8. DATE OF BIRTH: No information

9. AGE last birthday: 37? yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: William Blevins

14. MOTHER'S MAIDEN NAME: Ida Shupe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no information

16. SOCIAL SECURITY NO.:

17. INFORMANT: Walter Blevins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal Hemmorhage. — Interval between onset and death: 3-4 hrs.

981 Antecedent cause(s)

166 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) 12 Gauge Shot gun wound of

(c) Right side of chest above and to right of nipple

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide — PLACE (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Rising Sun — (COUNTY) Cecil — (STATE) Md.

TIME OF INJURY (Month) 4 (Day) 1 (Year) 49 (Hour) 9 P m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Shot in a shotgun.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A L Dodson MD. — ADDRESS Rising Sun Md — DATE SIGNED 4-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE April 7 1949 — NAME OF CEMETERY OR CREMATORY: Damascus Cemetery Va. — LOCATION (City, town, or county): Damascus — (State) Va.

DATE REC'D BY LOCAL REG. Apr 4-49 — REGISTRAR'S SIGNATURE L O Worthington

24. FUNERAL DIRECTOR: J. E. Tyson. — ADDRESS Rising Sun, Md.

VS. A16

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03683

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coatsville
STREET ADDRESS (If rural, give location) 322 Main St.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) Bucci
4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1949
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-26-1922
9. AGE last birthday: 27 yrs. | If under 1 year: Months 7 Days 24 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Worker
10b. KIND OF BUSINESS OR INDUSTRY: Manf Paper
11. BIRTHPLACE (State or foreign country): Downingtown Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alphonse Bucci
14. MOTHER'S MAIDEN NAME: Mary Donosrio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO.
17. INFORMANT: Ida Bucci

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Base of skull. — 24 hours
819.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
170 c

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road 40 | (CITY OR TOWN) North East | (COUNTY) Cecil | (STATE) Md
TIME OF INJURY (Month) 4 (Day) 23 (Year) 49 (Hour) 6 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Auto Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R L Dodson (Degree or title) MD | ADDRESS Rising Sun Md | DATE SIGNED 4-24-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4/28/49 | NAME OF CEMETERY OR CREMATORY St Cicilos | LOCATION (City, town, or county) Coatsville Pa. (State)

DATE REC'D BY LOCAL REG. 4/25/49 | REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Hoffman | ADDRESS Elkton, Md

RECEIVED
APR 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03684

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, | LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Main St Elkton.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md.
STREET ADDRESS (If rural, give location) E. Main St

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) L (Last) Budd

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: Wh | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Single | 8. DATE OF BIRTH: July 4, 1873 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Smyrna Del | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry G. Budd | 14. MOTHER'S MAIDEN NAME: Evelyn Kettell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Mrs James McNeal Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 20 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1926, to Apr 30, 1949, that I last saw the deceased alive on Apr 29, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE Herbert Bates | (Degree or title) M. D. | ADDRESS Elkton Md | DATE SIGNED May 1-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE May 3/49 | NAME OF CEMETERY OR CREMATORY Odd Fellows | LOCATION (City, town, or county) (State) Smyrna Del.

DATE REC'D BY LOCAL REG. 5/3/49 | REGISTRAR'S SIGNATURE I R Frazer | 24. FUNERAL DIRECTOR Hty Tippin | ADDRESS Elkton Md

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03685

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural; LENGTH OF STAY (in this place) 49 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) BURLIN

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-13-1879

9. AGE last birthday: 70 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Port Deposit Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Sice

14. MOTHER'S MAIDEN NAME: Mary Fahey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hughes E Burlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3 Immediate cause (a) Acute Cardiac Dilatation

95a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R. E. Dodson M.D. (Degree or title) Medical Examiner for Cecil County ADDRESS Rising Sun Md DATE SIGNED 4-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-18-1949

NAME OF CEMETERY OR CREMATORY: Mt. Erin

LOCATION (City, town, or county) (State): Havre De Grace, Md.

DATE REC'D BY LOCAL REG.: April 18, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Wm. Patterson & Son, ADDRESS: Perryville, Md.

VS. A15

RECEIVED
APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03686

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY CECIL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (In this place) 4 mos. 22 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Michigan; COUNTY Berrien
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benton Harbor
STREET ADDRESS (If rural give location) 964 Pavone Street

3. NAME OF DECEASED (Type or Print): (First) Fred; (Middle) L.; (Last) Dale
4. DATE OF DEATH: (Month) April, (Day) 25, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div.
8. DATE OF BIRTH: 11-10-1889
9. AGE last birthday: 59 yrs. If under 1 year: Months 5, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vincennes, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Perry Dale
14. MOTHER'S MAIDEN NAME: Jane Melvina Hardisty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 363-24-3867
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Hypertensive cardiovascular disease with cerebral hemorrhage and cardiac failure — Interval Between Onset and Death: Unknown

Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal pneumonia — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --
(CITY OR TOWN) --; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 12/13, 1948, to 4/25, 1949 that I last saw the deceased alive on 4/25, 1949, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

SIGNATURE: E.P. Brannon
(Degree or title) E.P. BRANNON, ACT. CHIEF, PROF. SERVICES
ADDRESS VAH, PERRY POINT, MD.
DATE SIGNED April 29, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 4-29-49
NAME OF CEMETERY OR CREMATORY: Angel Hill
LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Apr 29, 1949
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03687

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY Chester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coatesville; STREET ADDRESS (If rural, give location) 570 Elm St.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) DE DAVIDE

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 12, 1883

9. AGE last birthday: 65 yrs. If under 1 year: Months 5, Days 11; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of wrk done during most of working life, even if retired): Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY: Italy

13. FATHER'S NAME: No information

14. MOTHER'S MAIDEN NAME: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Harry De Davide

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture base of skull crushed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) left side of chest Internal

(c) Hemorrhage.

816.5

1700

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 & 22; (CITY OR TOWN) North East; (COUNTY) Cecil; (STATE) Md

TIME OF INJURY (Month) 4 (Day) 23 (Year) 49 (Hour) 5:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Collision of two cars.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy (Inspection or Inquiry) find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 4/23-49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 4/26/49; NAME OF CEMETERY OR CREMATORY St Cecilia; LOCATION (City, town, or county) Coatesville; (State) Pa

DATE RECD BY LOCAL REG. 4/27/49; REGISTRAR'S SIGNATURE I. K. Frazer

24. FUNERAL DIRECTOR: H. W. Pippin & Son; ADDRESS Elkton Md

Per W. C. Gundry

RECEIVED
APR 27 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03688

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville — LENGTH OF STAY (in this place) 25 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Ostego St.

3. NAME OF DECEASED (Type or Print)	(First) HOWARD	(Middle) S	(Last) DINSMORE	4. DATE OF DEATH	(Month) 4 (Day) 9 (Year) 1949
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 21 1887	9. AGE last birthday 61 yrs.	If under 1 year Months 8 Days 19 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY U S V, P X.	11. BIRTHPLACE (State or foreign country) Perryville Md.	12. CITIZEN OF WHAT COUNTRY? U S A.		
13. FATHER'S NAME James Dinsmore	14. MOTHER'S MAIDEN NAME no information				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I	16. SOCIAL SECURITY NO. 217-20-3398	17. INFORMANT Kenneth D. Dinsmore			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

420.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis Chronic

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R C Dodson MD	Medical Examiner for Cecil County	Rising Sun Md.	4-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-12-1949	NAME OF CEMETERY OR CREMATORY Hopewell	LOCATION (City, town, or county) (State) Port Deposit, Md. Rural
DATE REC'D BY LOCAL REG. April 12, 1949	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Lee A. Patterson & Son	ADDRESS Perryville, Md.

RECEIVED
APR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03689

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston
STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	N.	GRIFFIN	April	13,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	Negro	Married	11-27-1886	62 yrs.	4	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Caretaker of horses	Farm	Chase, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW-I	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, lobar, bilateral	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized, moderate	
	(c)	

450.0
108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, ferm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that ~~I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on ..... 19...~~, and that death occurred at 7:00 AM m., from the causes and on the date stated above.

SIGNATURE: R. E. DODSON, M.D. (Degree or title): Medical Examiner for Cecil County — ADDRESS: RISING SUN, MARYLAND — DATE SIGNED: 4-13-49

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 15, 1949	UNION CHAPEL,	NONKTON, BALTIMORE Co. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Apr 13, 1949	Irene E. Laughlin	MARTIN G. KURTZ, Sparrows Point, Md.

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03690

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, LENGTH OF STAY (in this place) Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE, Maryland COUNTY- Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) East Main

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) (Last) Husfelt

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1949

5. SEX Male
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 24/1902
9. AGE last birthday 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ann R.R.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North East Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME No Inf.
14. MOTHER'S MAIDEN NAME Hester Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 716-01-8222
17. INFORMANT Mrs Curtis Husfelt 511 Hollingsworth Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
590	Immediate cause	(a) Gastro-intestinal hemorrhage	6 hrs
	Antecedent cause(s)		
130	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Toxic Myocarditis	4 days
		(c) Acute Glomerular Nephritis-Uremia	17 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11, 1949, to 4-29, 1949, that I last saw the deceased alive on 4-29, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE George J Kneis, Jr (Degree or title) MD. ADDRESS Elkton Md DATE SIGNED 4-29-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE May 2/49
NAME OF CEMETERY OR CREMATORY North East
LOCATION (City, town, or county) North East, Md (State)

DATE REC'D BY LOCAL REG. 5/2/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Tippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 4 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 036915

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Colora, Rural. — LENGTH OF STAY (in this place): 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Colora, Rural.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Rachel (Middle) A. (Last) Irwin
4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 12 1895
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Cadle
14. MOTHER'S MAIDEN NAME: — Cassibone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John Irwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171 Immediate cause (a) Uremia and complete obstruction of intestines — 3 days

Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno Carcinoma Cervix — 5 yrs

(c) Invasion left leg & abdomen Carcinoma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to April, 1949, that I last saw the deceased alive on 4-29, 1949, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Richards, M.D. — ADDRESS: Port Deposit, Md. — DATE SIGNED: 4-30-49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: May 1 1949 — NAME OF CEMETERY OR CREMATORY: Harmony Chapel — LOCATION (City, town, or county) (State): Rowandville Md.

DATE REC'D BY LOCAL REG.: Apr 29-49 — REGISTRAR'S SIGNATURE: Emma O'Whington — 24. FUNERAL DIRECTOR: J. E. Tyson — ADDRESS: Rising Sun, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03692

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 5 yrs. 11 2/3 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pitcairn; STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	G.	Irwin	April	4,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	Married	9-6-1873	75 yrs.	7	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Pennsylvania	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Irwin, deceased	Eliza Grove - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes SAW	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis, pulmonary, bilateral, far advanced	Over 2 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized, severe

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work [ ] Not While At work [ ]	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from April 14 1949, to Apr. 4, 1949, that I last saw the deceased alive on April 4, 1949, and that death occurred at 10:20 AM m., from the causes and on the date stated above.

SIGNATURE: A.E. Trollinger (Degree or title) ADDRESS: A.E. TROLLINGER, M.D., Chief, Professional Services, VA Hospital, Perry Point, Md. DATE SIGNED: Apr. 4, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Apr. 4, 1949	Ligonier Cemetery	Ligonier, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 4, 1949	James E. Daugherty	Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
APR 6 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03693

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D 3 | LENGTH OF STAY (In this place) 5 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 3
STREET ADDRESS (If rural give location) Fair Hill Md.

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) E (Last) Jamison
4. DATE OF DEATH: (Month) Apr (Day) 11 (Year) 1949
5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Jan 25 84 | 9. AGE last birthday 90 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Penna | 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Ned Reed | 14. MOTHER'S MAIDEN NAME Ned Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT George Jamison Elkton RD 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 **Immediate cause** (a) Pneumonia, Hypostatic. — 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

922 (b) Severe sprain of left hip. — 1 week.

(c) Chronic valvular heart disease. — unknown.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Syndrome. — 6 years.

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1949, to 11 April, 1949, that I last saw the deceased alive on 10th April, 1949, and that death occurred at 4 15 m., from the causes and on the date stated above.

SIGNATURE Wallace A Johnson (Degree or title) M.D. ADDRESS Newark Dela DATE SIGNED 11 April 49.

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 14 | NAME OF CEMETERY OR CREMATORY Thompkins | LOCATION (City, town, or county) (State) Fair Hill Md

DATE REC'D BY LOCAL REG. 4/13/49 | REGISTRAR'S SIGNATURE F H Frazer | 24. FUNERAL DIRECTOR W. T. Jones ADDRESS Newark Del

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03694

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS I49 E. High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) I49 E High

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mary	Elizabeth	Jester		April	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Sept. 22, 1882	66 yrs.	6	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home	House work	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Enos Morris	Sarah M. McCool

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Herman Jester

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	3/15/49
	(c) Cardio renal vascular disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 11, 1947, to Apr 6, 1949, that I last saw the deceased alive on Apr 6, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert Baker	M.D.	Elkton Md	Apr. 7. 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 10, 1949	Bethel	Chesapeake City	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/10/49	F K Frazer	H. W. Pippin & son	Elkton Md.
		Per H. C. Lusby	

RECEIVED
APR 12 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 036952

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Va. COUNTY: Chesterfield
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 1 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)	
JAMES	WILLIAM	KINTON	4	3	1949	
5. SEX: M.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 6-14-1919	9. AGE last birthday: 29 yrs.	If under 1 year Months: 8 Days: 21	If under 24 hrs. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer	10b. KIND OF BUSINESS OR INDUSTRY: Marine Service	11. BIRTHPLACE (State or foreign country): South Hill Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Ollie W. Kinton	14. MOTHER'S MAIDEN NAME: Lena Pam					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): W.W. 2	16. SOCIAL SECURITY NO.: 229-07-5250	17. INFORMANT: Cassie Kinton				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock & 2 & 3 degrees

915.3 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) burns of body.

195e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Elk River	(CITY OR TOWN): Elkton	(COUNTY): Cecil (STATE): Ma
TIME OF INJURY (Month) 3 (Day) 2 (Year) 1949 (Hour) 1 P. m.	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? Boiler exploded	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R C Dodson MD	Medical Examiner for Cecil County	Rising Sun Md.	4-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial	DATE: Apr. 3/49	NAME OF CEMETERY OR CREMATORY: Sunset Memorial Cemt.	LOCATION (City, town, or county) (State): Chester Va
DATE REC'D BY LOCAL REG.: 4/3/49	REGISTRAR'S SIGNATURE: F R Frazer	24. FUNERAL DIRECTOR: H W Rippin	ADDRESS: Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03696

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: CECIL; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON RD5; LENGTH OF STAY (in this place): 17 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON RD 5 PROVIDENCE
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	HENRY	McATEER	April	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	1-24-1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BLACKSMITH	PAPER MILL	WILMINGTON? Del	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD McATEER	ELLEN DOUGHERTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	213-10-6187	Stanley Scarborough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary disease	
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. E. Dodson M.D.	Medical Examiner for Cecil County	Rising Sun Md	4-21-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-49	Cathedral	Wilmington, New Castle, Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/21/49	I R Frazer	Joseph A Grant	North East, Maryland

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APR 24 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03697

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 2 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 312 North St.
STREET ADDRESS (If rural, give location) Elkton

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) (Last) McCleary
4. DATE OF DEATH (Month) April (Day) 22 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 6, 1872
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Home -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Kennard Blake
14. MOTHER'S MAIDEN NAME Mary Holt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT P

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Acute Coronary Occlusion	5 min
170	Antecedent cause(s)	Probably Embolic.	
50	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Breast, left	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 13, 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast, left.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 11, 1949, to April 22, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 11 05 a.m., from the causes and on the date stated above.

SIGNATURE Milford H. Sprecher, (Degree or title) LD. ADDRESS Elkton, Md DATE SIGNED April 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-25-49
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) Cherry Hill (State) Md

DATE REC'D BY LOCAL REG. 4/25/49
REGISTRAR'S SIGNATURE J R Frazer
24. FUNERAL DIRECTOR W. W. Peppin & Son ADDRESS Elkton Md
Per W. A. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1949
BUREAU OF S.

03698

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 36 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WILLIAM GRANVILLE McMILLAN
4. DATE OF DEATH (Month) 4 (Day) 3 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-15-1898
9. AGE last birthday 51 yrs. If under 1 year Months 2. Days 19. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck Hand
10b. KIND OF BUSINESS OR INDUSTRY Dredging
11. BIRTHPLACE (State or foreign country) Nathan Creek N.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Emory James McMillan
14. MOTHER'S MAIDEN NAME Jennie Ida Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Margaret McMillan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

915.3 Immediate cause (a) Shock

Antecedent cause(s)

195e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Second and third degree burns

(c) of body

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Dredge #8.
(CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 4 (Day) 2 (Year) 49 (Hour) 10 m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Boiler blew up.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE P. Ell Dodson MD (Degree or title) Medical Examiner for Cecil County
ADDRESS Rising Sun Md
DATE SIGNED 4-4-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr 6/49.
NAME OF CEMETERY OR CREMATORY Oxford.
LOCATION (City, town, or county) Oxford Pa (State)

DATE REC'D BY LOCAL REG. 4/4/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin
ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 5 1949
BUREAU V. S.

03699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Cleveland (Last) Murphy				4. DATE OF DEATH (Month) April (Day) 23, (Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH OCt.16,1892	9. AGE last birthday 56 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Care Taker		10b. KIND OF BUSINESS OR INDUSTRY Wellwood Club	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Elmer E. Murphy			14. MOTHER'S MAIDEN NAME Rebecca M. Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO. 218-05-9190	17. INFORMANT Beulah Murphy		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
936.0 Immediate cause	(a) Acute Pulmonary Oedema	1 hour
Antecedent cause(s)	splinter in hand leading to Septicaemia	
1950 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Complicated by pneumonia	1 week
	(c) Chronic Myocarditis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 19	19b. MAJOR FINDINGS OF OPERATION — Seropurulent fluid in hand	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work	(CITY OR TOWN) Charlestown (COUNTY) Cecil (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) April 16 1949 3P m.	INJURY OCCURRED While at Work ☑ Not While At work ☐	HOW DID INJURY OCCUR? while mopping floor - ran splinter in hand

22. I hereby certify that I attended the deceased from April 19, 1949, to April 23, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lynn Wolbert M D.	Havre de Grace Md	April 23, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-26-1949	NAME OF CEMETERY OR CREMATORY Charlestown	LOCATION (City, town, or county) (State) Charlestown, Md.
DATE REC'D BY LOCAL REG. April 26, 1949	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Lee A. Patterson & Son	ADDRESS Perryville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1949
BUREAU V. S.

03700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 315 W. Main

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY: Perryville, Rural — Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bessie	Harrison	Nickle	April	2,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	3-9-1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House Wife	Own Home	Cecil Co., Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Craig	Leah Ann Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Clinton Meade Nickle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral Haemorrhage — 2 da

880 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1942, to April 2, 1949, that I last saw the deceased alive on April 2, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. F. Magraw	M.D.	Perryville Md	April 4 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-5-1949	Asbury	Port deposit, Rural, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/4/49	J. K. Frazer	Wm. A. Patterson & Son	Perryville Md.

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03701

Reg. Dist. No. 91

Film G.120-apr-14/49.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) S. (Last) Nowland

4. DATE OF DEATH (Month) April (Day) 6, (Year) 1949

5. SEX F.

6. COLOR OR RACE Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 2, 1898

9. AGE last birthday 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Camden, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME No Inf.

14. MOTHER'S MAIDEN NAME Sophie Sawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Edward T. Nowland Chesapeake City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of bladder — Interval Between Onset and Death: 1 year

181 Antecedent cause(s)

52 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Recto vesicae fistula — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION October 1947

19b. MAJOR FINDINGS OF OPERATION Abdominal adhesions

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948 to April 6, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 9:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] MD Chesapeake City Md 4/6/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE Apr 9/49 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) Near Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. April 9th 1949 REGISTRAR'S SIGNATURE Mrs Ralph H Rees

24. FUNERAL DIRECTOR H W Pippin. ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 11 1949
BUREAU V. R.

Evidence for change in age shown on:

FILM No. G 120 MAY 3 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03702

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CECIL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT,
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINSTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: PENNSYLVANIA; COUNTY: PHILA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PHILADELPHIA
STREET ADDRESS (If rural give location): 315 N. DANIER STREET

3. NAME OF DECEASED (Type or Print): (First) GORDON (Middle) F. (Last) NUTTER

4. DATE OF DEATH: (Month) APRIL (Day) 23 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 8/18/09

9. AGE last birthday: ~~29~~ 39 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRUMMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SALISBURY, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CALEB NUTTER

14. MOTHER'S MAIDEN NAME: EDITH MUIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): 2/16/27 to 5/6/29

16. SOCIAL SECURITY NO.:

17. INFORMANT: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, pulmonary, bilateral, far advanced

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9/49, 19....., to 4/23/....., 19..49, that I last saw the deceased alive on 4/23/....., 19.49., and that death occurred at 12:22 p.m., from the causes and on the date stated above.

SIGNATURE: E.P. BRANNON MD (Degree or title): ACTING CHIEF, PROFESSIONAL SERVICES ADDRESS: VA HOSPITAL, PERRY POINT, MD. DATE SIGNED: 4/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL REMOVAL DATE: 4-26-49 NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMETERY LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG.: April 25, 1949 REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Pennington & Son ADDRESS: HAVRE DE GRACE, MD.

RECEIVED
APR 27 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03703

Evidence for change of age is on:

FILM No. G 120 MAY 4 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md.
LENGTH OF STAY (in this place): 20 Yrs. 9 Mos and 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: PENNA
COUNTY: ALLEGHENY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsburgh
STREET ADDRESS (If rural give location): 310 Mueller Ave.

3. NAME OF DECEASED (Type or Print): (First) Clement (Middle) (NMI) (Last) PAULEY

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6/22/96

9. AGE last birthday: ~~53~~ 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Pauley

14. MOTHER'S MAIDEN NAME: Mary Myer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Tuberculosis, pulmonary, bilateral

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

0021
13b

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1928, to 4/24, 1949, that I last saw the deceased alive on April 24, 1949, and that death occurred at 12:35 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon, M.D. (Degree or title) — ADDRESS: Acting Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 4/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: 4/28/49 | NAME OF CEMETERY OR CREMATORY: T. J. Conroy Funeral Home | LOCATION (City, town, or county) (State): Pittsburgh, Penn.

DATE REC'D BY LOCAL REG.: 4/25/49 | REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Pennington & SON, Havre de Grace, Md.

RECEIVED
APR 27 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 11 APR 13 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03784

CERTIFICATE OF DEATH

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Elkton Cecil County, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural give location) E. Main Street

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Florence (Last) Perkins

4. DATE OF DEATH: (Month) Apr. (Day) 3rd (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 27-1868

9. AGE last birthday: 90 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Elkton - Md

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Charles H. Maxwell

14. MOTHER'S MAIDEN NAME: Rachael Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Alice Terrell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 **Immediate cause** (a) Carcinoma of bladder & rectum about 3 yrs.

52b **Antecedent cause(s)** —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1948, to Apr 3-, 1949, that I last saw the deceased alive on Apr 3-, 1949, and that death occurred at 5.00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. H. McKnight ADDRESS DATE SIGNED Apr-4-1948.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE Apr. 5/49 | NAME OF CEMETERY OR CREMATORY Elkton, | LOCATION (City, town or county) Elkton (State) Md.

DATE REC'D BY LOCAL REG. 4/5/49 | REGISTRAR'S SIGNATURE F B Frazer

24. FUNERAL DIRECTOR H. W. Pippin ADDRESS Elkton, Md

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

Evidence for additon in #18 shown on: (a)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03795

FILM No. G 12 MAY 24 1949

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural — LENGTH OF STAY (In this Place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GROVER.	C	RICE	4	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	11-17-1890	58 yrs.	5	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Track Walker	Railroad	Lutherville Md	U.S.

13. FATHER'S NAME James Ritchie

14. MOTHER'S MAIDEN NAME Hettie Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Frances Rice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Probable Tumor of Brain, type unknown [5/23/49 aka]	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia	
	(c)	

237 5 d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R L Dodson MD		Rising Sun Md	4-27-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	May 1 1949	Oakwood	Conowingo	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 29-49	L. M. Worthington	J. E. Tyson	Rising Sun Md

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03706

EVIDENCE FOR CHANGE OF AGE IS ON: FILM No. G 120 APR 19 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CECIL	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: WEST VIRGINIA, COUNTY: Marion
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (In this place): 1yr. 24 das 1 mo; MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmont
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration	STREET ADDRESS (If rural, give location): 122 Maple Avenue ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PASQUALE	ANTONIO	SACCI	4	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	1886	62 ~~59~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate		Quatiano, Naples, Italy	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Yes	WW_I	--	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	--	--		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-- m.		--

22. I hereby certify that I attended the deceased from 2/17, 19 36 to 4/11, 19 49, that I last saw the deceased alive on 4/11, 19 49 and that death occurred at 8:02 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. E. Trollinger A.E. TROLLINGER, M.D., Chief, Prof. Services	VAH, Perry Point, Md.	4/12/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4/12/49		Fairmont, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Apr 12, 1949	Irene E. Daugherty	Pennington & Son PENNINGTON & SON, HAVRE DE GRACE, MD.

RECEIVED
APR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03707

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 8yrs.6mos.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: None= Tenn.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Memphis
STREET ADDRESS (If rural give location): 636 N. Second St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEON	-	SEMACK	April	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	5-15-1895	53 yrs.	10	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Sopotskin, Russia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW-I & PT	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis, pulmonary, active, far advanced	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Dementia Praecox, Catatonic type	

002
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	--			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-			m.		--

22. I hereby certify that I attended the deceased from 10-11-, 1940, to 4-14-, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 5:45 PM m., from the causes and on the date stated above.

SIGNATURE: E.P. BRANNON
(Degree or title): M.D., Acting Chief, Professional Services, VAH, Perry Point, Md.
ADDRESS:
DATE SIGNED: 4-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Apr. 15,1949	Hebrew Cemetery, Herring Run, Baltimore, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 15, 1949	Irene E. Daugherty	Jack Lewis Inc	JACK LEWIS, INC, 2100 Eutaw Place, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Information for residence from letter signed by Dr. Collinston to Dr. Halliday from inf. secured from the Perry Pt. Hosp.

5-11-49 ams.

RECEIVED
APR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03748

CERTIFICATE OF DEATH

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City; LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
REBECCA	COLLINS	SULLIVAN	4	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	White	Married	Dec. 12-1878	70 yrs.	4	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Elkton Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bartholeer Collins	Elmira Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Catherine Austin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

420.1

Antecedent cause(s)

940a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R L Dodson M.D. Medical Examiner for Cecil County	Rising Sun Md	4-21-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 25 1949	All Bohemia	Near Warwick	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 24 1949	Mrs Harold Cheyney	Edward Gillow	Millington Md

VS-A15

RECEIVED
APR 27 1949
BUREAU T. S.

03709

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil Elkton MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural, give location) 118 W. Main St

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) (Last) Williams			4. DATE OF DEATH (Month) April (Day) 24 (Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH April 10, 1939	9. AGE last birthday 60 yrs. If under Months. 1 year Days 14 If under 24 hrs. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler	10b. KIND OF BUSINESS OR INDUSTRY Jeweler	11. BIRTHPLACE (State or foreign country) Phila. Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME No Information.		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Jessie Williams		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Cerebral hemorrhage	3 hours
1310 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1939, to April 24, 1949, that I last saw the deceased alive on Apr 24, 1949, and that death occurred at 8 10 P. m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M D — ADDRESS Elkton Md — DATE SIGNED 4/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE April 29, 1949	NAME OF CEMETERY OR CREMATORY Gilpin Manor M. Park	LOCATION (City, town, or county) Near Elkton (State) Md
DATE REC'D BY LOCAL REG. 4/27/49	REGISTRAR'S SIGNATURE F K Frazer	24. FUNERAL DIRECTOR H. H. Pippin & Son	ADDRESS Elkton Md On W. A. Lusby

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH 03710

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 21 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural give location): 871 W. Fayette St., Balto.,11,Md.

3. NAME OF DECEASED (Type or Print): (First) VINCENT (Middle) - (Last) WILLIAMS

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-5-22

9. AGE last birthday: 26 yrs. If under 1 year: Months 10 Days 23 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: ~~Unknown~~ Sam Williams

14. MOTHER'S MAIDEN NAME: Rosie Felder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: 33 547 574

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 / 131

Immediate cause (a) Glomerulonephritis, chronic — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -- 19b. MAJOR FINDINGS OF OPERATION: -- 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -- PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -- (CITY OR TOWN): -- (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?: --

22. I hereby certify that I attended the deceased from 4/7/, 1949, to 4/28/, 1949, that I last saw the deceased alive on April 28, 1949, and that death occurred at 10:14 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.P. BRANNON, M.D., Actg. Chief, Professional Services, VAH, Perry Point, Md. 4-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: 4-29-49 | NAME OF CEMETERY OR CREMATORY: | LOCATION (City, town, or county) (State): Manning, S.C.

DATE REC'D BY LOCAL REG.: April 29, 1949 | REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Mrs. Katie R. Williams

MRS. KATIE R. WILLIAMS 322 N. Schroeder St., Baltimore, Md.

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MAY 2 1949
BUREAU V. S.

03711

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural — LENGTH OF STAY (In this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural.
STREET ADDRESS (If rural give location): RD 5

3. NAME OF DECEASED (Type or Print) (First): John (Middle): (Last): Wilson
4. DATE OF DEATH (Month) 4 (Day) 4 (Year) 1949

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 10-22-84
9. AGE last birthday: 64 yrs. — If under 1 year: Months 5 Days 13 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Road Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Road work
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: no information
14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bertha Hoehn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973 J Immediate cause (a) Carbon Monoxide Poisoning

Antecedent cause(s)

163 M Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Put hose from car exhaust.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Boarding house. (CITY OR TOWN): Elkton Rural (COUNTY): Cecil (STATE): Md
TIME OF INJURY (Month) 4 (Day) 4 (Year) 49 (Hour) 11.30 a m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Put hose from exhaust into car.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: R C Dodson MD (Degree or title) Medical Examiner for Cecil County — ADDRESS: Rising Sun Md — DATE SIGNED: 4-4-49

23. BURIAL, CREMATION REMOVAL (Specify): — DATE: Apr. 7/49 — NAME OF CEMETERY OR CREMATORY: Elkton — LOCATION (City, town, or county): Elkton Cecil C. (State): Md

DATE REC'D BY LOCAL REG.: 4/6/49 — REGISTRAR'S SIGNATURE: F R Frazer
24. FUNERAL DIRECTOR: H W Tippin — ADDRESS: Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03712

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hacks Point
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural give location) 608 N. Harrison st.

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) R. (Last) Woodrow

4. DATE OF DEATH (Month) 4 (Day) 25. (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-30-1884
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.
11. BIRTHPLACE (State or foreign country) Wilmington, Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Caleb S. Woodrow
14. MOTHER'S MAIDEN NAME Julia Petit de Mange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. A. Ralph Woodrow. Wilm. Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac delatation — INTERVAL BETWEEN ONSET AND DEATH 2 hours

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic hypertension Cardio Vascular

(c) deseas — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1948 to April 25 1949 that I last saw the deceased alive on April 23 1949, and that death occurred at 9 10 P m., from the causes and on the date stated above.

SIGNATURE Henry T Davis MD. (Degree or title) ADDRESS Chesapeake City DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 4-26-49
NAME OF CEMETERY OR CREMATORY Graceland Mem. Park
LOCATION (City, town, or county) Lamhurst, Del (State)

DATE REC'D BY LOCAL REG. Apr 27-1949
REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR William F. Jones. Claymont. Del. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Be 03713

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 735 Bond St

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) John (Last) ZALEWSKI
4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 8/30-1928
9. AGE last birthday 20 yrs. If under 1 year Months 7 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck Hand
10b. KIND OF BUSINESS OR INDUSTRY Dredge
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Zalewski
14. MOTHER'S MAIDEN NAME Mary Cebula

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Mary Zadroga

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

8573 Antecedent cause(s)

172 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2 & 3rd degree burn of body

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Elk River (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 4 (Day) 2 (Year) 49 (Hour) 11 m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Boiler exploded.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R C Dodson MD (Degree or title) Medical Examiner for Cecil County ADDRESS Rising Sun Md DATE SIGNED 4-2-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Apr 6, 1949
NAME OF CEMETERY OR CREMATORY St. Stanislaus
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 4/2/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Geo. A. Weber, ADDRESS Balto, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.